	PLEASE TYPE OR PRIN	T Entered previous May Show
	Ms. Mr. Artist BONNI	© yes □ no
	Permanent 3140 FAL	(Last Name Last) LMOUTH RD, SHAKER HTS
	Street Tel.	City
	Zip Area (
Temporary or Studio Address 3/88 MURRAY HILL GEVE		MURRAY HILL GEVELAN
	944/06 Street Tel.	() 721-3/81
	Zip Area (Code
	If you do not presently live in one of the counties of the Western Reserve, which county were you born in? Collaborator (If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:	

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Donne Doh

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Bonnie Dolin

> DO NOT DETACH



ACCEPTED

REJECTED

DETACH

DO NOT WRITE IN THIS SECTION

REJECTED

DATE